

EXHIBIT 2

STATE OF ILLINOIS,
CIRCUIT COURT

Cook COUNTY

SUMMONS

For Court Use Only

FILED
3/19/2024 3:35 PM
IRIS Y. MARTINEZ
CIRCUIT CLERK
COOK COUNTY, IL
2023L012291
Calendar, 38
26890061

Instructions ▼

Enter above the county
name where the case
was filed.Enter your name as
Plaintiff/Petitioner.Below "Defendants/
Respondents," enter the
names of all people you
are suing.Enter the Case Number
given by the Circuit
Clerk.

Brenda Zeck

Plaintiff / Petitioner (First, middle, last name)

v.

Defendants / Respondents (First, middle, last name)

Medline Industries, Inc., Medline Industries, LP., Charles
N. ("Charlie") Mills, James D. ("Jim") Abrams, Isomedix
Operations, Inc., Cosmed Group, Inc., and Vantage

Specialty Chemicals, Inc.

☐ Alias Summons (Check this box if this is not the 1st
Summons issued for this Defendant.)

2023L012291

Case Number

IMPORTANT: You have been sued.

- Read all documents attached to this Summons.
- You MUST file an official document with the court within the time stated on this Summons called an *Appearance* and a document called an *Answer/Response*. If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this Summons can be found at ilcourts.info/forms. Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to ilcourts.info/efiling. If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an Application for Waiver of Court Fees.
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- Need help? Call or text Illinois Court Help at 833-411-1121 or go to ilcourthelp.gov for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at illinoislegalaid.org. All documents referred to in this Summons can be found at ilcourts.info/forms. Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite ilcourthelp.gov para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

Plaintiff/Petitioner:

Do not use this form in these types of cases:

- All criminal cases
- Order of protection
- Adult guardianship
- Eviction
- Paternity
- Detinue
- Small Claims
- Stalking no contact orders
- Foreclosure
- Divorce
- Civil no contact orders
- Administrative review cases

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In **1a**, enter the name and address of the first Defendant/ Respondent you are serving. If you are serving a Registered Agent, include the Registered Agent's name and address here.

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Check here if you are serving more than 1 Defendant/ Respondent. Attach an *Additional Defendant/ Respondent Address and Service Information* form for each additional Defendant/Respondent and write the number of forms you attached.

In **2a**, enter the amount of money owed to you. Check **2b** if you are asking for the return of tangible personal property.

In **3**, enter your complete address, telephone number, and email address, if you have one.

1. Defendant/Respondent's address and service information:

a. Defendant/Respondent's primary address/information for service:

Name (*First, Middle, Last*): Vantage Specialty Chemicals, Inc.

Registered Agent's name, if any: The Corporation Trust Company

Street Address, Unit #: Corporation Trust Center 1209 Orange St.

City, State, ZIP: Wilmington, DE 19801

Telephone: _____ Email: _____

b. If you have more than one address where Defendant/Respondent might be found, list that here:

Name (*First, Middle, Last*): _____

Street Address, Unit #: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

c. Method of service on Defendant/Respondent:

☐ Sheriff

☐ Sheriff outside Illinois: _____

County & State

☒ Special process server

☐ Licensed private detective

☐ **I am serving more than 1 Defendant/Respondent.**

I have attached _____ *Additional Defendant/Respondent Address*
Number
and Service Information forms.

2. Information about the lawsuit:

a. Amount claimed: \$ In excess of \$50,000

☐ b. I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession).

3. Contact information for the Plaintiff/Petitioner:

Name (*First, Middle, Last*): Lauren Blazing

Street Address, Unit #: 150 California Street, 18th Floor

City, State, ZIP: San Francisco, California 94111

Telephone: (628) 251-2045 Email: lblazing@edelson.com

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Check **4a** or **4b**. If Defendant/Respondent only needs to file an *Appearance* and *Answer/Response* within 30 days, check box **4a**. Otherwise, if the clerk gives you a court date, check box **4b**.

4. Instructions for person receiving this *Summons* (Defendant):

☒ a. To respond to this *Summons*, you must file *Appearance* and *Answer/Response* forms with the court within 30 days after you have been served (*not counting the day of service*) by e-filing or at:

Address: 50 W Washington Street, Room 801

City, State, ZIP: Chicago, IL 60602

- The clerk's phone number and website. All of this information is available from the Circuit Clerk.

(05/23)

Forms are free at ilcourts.info/forms.

For Court Use Only

****Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank *Proof of Service* form for each Defendant/Respondent.****

First, Middle, Last

☐ I served the *Summons* and Complaint/Petition on the Defendant/Respondent

as follows:

First, Middle, Last

- ☐ Personally on the Defendant/Respondent:
☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____
 On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
 Address, Unit#: _____
 City, State, ZIP: _____

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:
 On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
 Address, Unit#: _____
 City, State, ZIP: _____
 And left it with: _____
 First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____
 and by sending a copy to this defendant in a postage-paid, sealed envelope to the
 above address on this date: _____ .

☐ On the Corporation's agent, _____
 First, Middle, Last
☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____
 On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
 Address: _____
 City, State, ZIP: _____

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

2. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

3. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

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If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

By:

Signature by: ☐ Sheriff
☐ Sheriff outside Illinois:

County and State
☐ Special process server
☐ Licensed private detective

FEES

Service and Return:	\$
Miles	\$
Total	\$

Print Name

If *Summons* is served by licensed private detective or private detective agency:
License Number: _____

Print Form

Save Form

Reset Form

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In **2a**, enter the amount of money owed to you. Check **2b** if you are asking for the return of tangible personal property.

In **3**, enter your complete address, telephone number, and email address, if you have one.

1. Defendant/Respondent's address and service information:

a. Defendant/Respondent's primary address/information for service:

Name (*First, Middle, Last*): Isomedix Operations, Inc.

Registered Agent's name, if any: CT Corporation System

Street Address, Unit #: 208 S. LaSalle Str., Suite 814

City, State, ZIP: Chicago, IL 60604

Telephone: _____ Email: _____

b. If you have more than one address where Defendant/Respondent might be found, list that here:

Name (*First, Middle, Last*): _____

Street Address, Unit #: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

c. Method of service on Defendant/Respondent:

☒ Sheriff

☐ Sheriff outside Illinois: _____

County & State

☐ Special process server

☐ Licensed private detective

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Street Address, Unit #: 150 California Street, 18th Floor

City, State, ZIP: San Francisco, California 94111

Telephone: (628) 251-2045 Email: lblazing@edelson.com

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Address: 50 W Washington Street, Room 801

City, State, ZIP: Chicago, IL 60602

In **4a**, fill out the address of the court building where the Defendant may file or e-file their Appearance and Answer/ Response.

In **4b**, fill out:

- The court date and time the clerk gave you.
- The courtroom and address of the court building.
- The call-in or video information for remote appearances (if applicable).
- The clerk's phone number and website. All of this information is available from the Circuit Clerk.

☐ b. Attend court:

On: _____ at _____ ☐ a.m. ☐ p.m. in _____
 Date Time Courtroom

In-person at:

 Courthouse Address City State ZIP

OR

Remotely (You may be able to attend this court date by phone or video conference.

This is called a "Remote Appearance"):

By telephone: _____
 Call-in number for telephone remote appearance

By video conference: _____
 Video conference website

 Video conference log-in information (meeting ID, password, etc.)

Call the Circuit Clerk at: _____ or visit their website
 Circuit Clerk's phone number

at: _____ to find out more about how to do this.
 Website

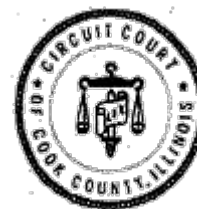
STOP!

The Circuit Clerk will fill in this section.

Witness this Date:

3/19/2024 3:35 PM IRIS Y. MARTINEZ

Clerk of the Court: _____



Seal of Court

STOP! The officer or process server will fill in the Date of Service

Note to officer or process server:

- If 4a is checked, this *Summons* must be served within 30 days of the witness date.
- If 4b is checked, this *Summons* must be served at least 21 days before the court date, unless 2b is also checked.
 - If 4b and 2b are checked, the *Summons* must be served at least 3 days before the court date.

Date of Service: _____

(Date to be entered by an officer or process server on the copy of this *Summons* left with the Defendant or other person.)

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For Court Use Only

****Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank *Proof of Service* form for each Defendant/Respondent.****

First, Middle, Last

☐ I served the *Summons* and Complaint/Petition on the Defendant/Respondent

as follows:

First, Middle, Last

- ☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

And left it with: _____

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and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: _____ .

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Other information about service attempt: _____

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City, State, ZIP: _____
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If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

By:

Signature by: ☐ Sheriff
☐ Sheriff outside Illinois:

County and State
☐ Special process server
☐ Licensed private detective

FEES

Service and Return:	\$
Miles	\$
Total	\$

Print Name

If *Summons* is served by licensed private detective or private detective agency:
License Number: _____

Print Form

Save Form

Reset Form

STATE OF ILLINOIS,
CIRCUIT COURT

Cook COUNTY

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In **3**, enter your complete address, telephone number, and email address, if you have one.

1. Defendant/Respondent's address and service information:

a. Defendant/Respondent's primary address/information for service:

Name (*First, Middle, Last*): Cosmed Group, Inc.

Registered Agent's name, if any: _____

Street Address, Unit #: 28 Narragansett Ave.

City, State, ZIP: Jamestown, RI 02836

Telephone: _____ Email: _____

b. If you have more than one address where Defendant/Respondent might be found, list that here:

Name (*First, Middle, Last*): _____

Street Address, Unit #: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

c. Method of service on Defendant/Respondent:

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City, State, ZIP:

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First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: Race:

On this date: _____ at this time: ☐ a.m. ☐ p.m.

Address:

City, State, ZIP:

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

2. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

3. On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.
Address: _____
City, State, ZIP: _____
Other information about service attempt: _____

DO NOT complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

By:

Signature by: ☐ Sheriff
☐ Sheriff outside Illinois:

County and State
☐ Special process server
☐ Licensed private detective

FEES

Service and Return:	\$
Miles	\$
Total	\$

Print Name

If *Summons* is served by licensed private detective or private detective agency:
License Number: _____

Print Form

Save Form

Reset Form